Please fully complete and print the Application, obtain the insured's signature and forward it to your Program Administrator for processing.



Name

ANY CHANGES MADE TO AN ANSWER ON THIS APPLICATION MUST BE INITIALED BY THE APPLICANT.

PERSONAL UMBRELLA LIABILITY INSURANCE APPLICATION RLI Insurance Company

(The named insured may be a maximum of two individu	· •		ousehold.	Applicant's Brokering Agent Number
This policy cannot be issued in Primary	the name of an es	tate, trust or LLC.)		Requested Effective Date
Residence Address City	State	Zip		Policy Premium \$ Florida HCF Surcharge \$ Total Annual Premium \$
City	State	Zip		Coverage Limit Desired:
Mailing Address (if different from Primary Residen	ce Address)			\$5 Million \$3 Million \$2 Million \$1 Million
Address				
City	State	Zip	Phone (E-mail:) -

See page 5 for definitions and question details. This Application can only be used for submissions with a primary residence in Florida.

QUESTIONS 1 - 9Carefully read questions 1 through 9 and respond by circling the correct number. If any question is unanswered or answered in the "Not Eligible" column, the risk is not eligible.	Preferred	Standard	*Standard II	**PUP Special (\$1 Mill Max)	Not Eligible
1. How many motorized vehicles licensed for road use (<i>i.e., motor homes, motorcycles, cars, etc.</i>) are owned, leased, rented, or regularly operated by you or any member of your household ? (Do not count antique, classic or collectible vehicles. See question 10.)	0 1 2 3	4	56	78910	11 or more
2. How many residential properties are owned or rented by you or any member of your household? 1-4 family units are eligible and should be counted as one property. Do not include residential properties that are covered under a Commercial General Liability Policy or other non-personal Premises Liability Policy since they are excluded from coverage.	0 1	234	56	78910	11 or more
3. How many watercraft, between 14 and 45 ft. and with a maximum speed of 50 mph, are owned or regularly operated by you or any member of your household ? Watercraft exceeding these limitations are excluded from coverage. (Do not count canoes, jet skis, waverunners or other personal watercraft. See question 4.)	0	1 2	3		4 or more
4. How many jet skis, waverunners or other personal watercraft are owned or regularly operated by you or any member of your household ?	0	1 2	3		4 or more
5. What is the total number of drivers ? (Include drivers with a learner's permit.)	0 1 2	3456		78	9 or more
6. How many drivers are under the age of 22? (Include any member of your house-hold with a learner's permit or driver's license and see the definition of " driver " on page 5.)	0	1 2	34		5 or more
7. How many drivers are age 70 or over? Note: This response is not considered when determining the rating tier for applicants in Maine. (Include any member of your household with a driver's license).	0	1234			5 or more
8. How many moving violations have all drivers had within the last 3 years? (Include DWI/DUI incidents within the last 5 years or 3 years in MT.) (See question 29).	0	12	3 4	56	7 or more
9. How many <u>at-fault</u> accidents have all drivers in your household had in the last 3 years? (See question 29).	0	1	2	3	4 or more

If there are **drivers** age 70 or over AND an answer to questions 8 or 9 falls under the Standard II (N/A in HI) or the PUP Special column, the risk is not eligible.

** \$1 Million is the ONLY available limit for PUP Special.

*

	Please fully complete and print the Application, obtain the insured's signature and forward it to your Program Administrator for processing.
Q	10-15 Print the response clearly on the line provided. If the question is unanswered or the response is greater than the maximum number indicated, the risk is not eligible. PUP Special charge(s) apply if any answer to questions 11 through 15 is greater than 0 (or greater than 640 for question 12).
10	. How many antique, classic and/or collectible vehicles are owned by you or any member of your household? (Max. of 25)
11	• How many residential properties owned or rented by you or any member of your household are located outside of the U.S. (including its territories and possessions), Puerto Rico or Canada? (Max. of 5)
12	• How many acres of timberland and/or land that is farmed, for which the liability coverage is provided by a Homeowners, Farmowners or Farm Comprehensive Personal Liability Policy do you or any member of your household own or lease (including partial ownership)? (Max. of 1280)
13	• How many drivers have been licensed to drive in the U.S. less than one year, currently have a learner's permit, and/or have a non-U.S. driver's license? A year or more with a learner's permit does not qualify as a year with a driver's license. (Max. of 8)
14	• How many driving incidents have all drivers ages 20-21 and/or age 80 or over had within the last 3 years? (Max. 1 per driver)
15	• How many arrests, citations or license suspensions for driving under the influence of alcohol/drugs, driving while intoxicated and/or any other alcohol/drug related incidents have all drivers had in the last 5 years or 3 years in MT? (Max. 1 per household for drivers between ages 22 and 79; 0 per household for drivers under ages 22 and 80 or over.)
Q	16 - 24 Read and respond by checking "Yes" or "No". If any question is unanswered or checked "Yes", the risk is not eligible.
16	 Have you or any other driver had an arrest, citation or conviction for reckless driving, careless driving (with 4 points in FL), negligent driving and/or had a driver's license suspended (for reasons <u>other than</u> driving under the influence of alcohol or drugs), revoked or refused in the last 5 years or 3 years in MT? (Careless or negligent driving N/A in SC)
17	. Have you or any member of your household been indicted, charged with or convicted of a felony within the last 5 years? YES 🔲 NO 🗌
18	Do you or any member of your household have an occupation of a professional entertainer, athlete, or media personality, or hold a position as an appointed or elected political figure at the federal or state level, or in a political subdivision lower than the state level where the population within that subdivision exceeds 100,000 people? (N/A for political figures in FL, OR and TX.)
19	. Have you or any member of your household had any personal liability or personal auto bodily injury liability claims for which payment by your insurance company exceeded \$25,000 in the last 5 years?
20	Does any other member of your household or other person residing in your household have a Personal Umbrella policy with RLI Insurance Company other than this policy?
21	Do you or any member of your household own (including partial ownership) 6 or more residential properties rented to others that are <u>not</u> occupied in whole or in part at any time by you or any member of your household? 1-4 family units are eligible and should be counted as one property
22	• Has any one driver had more than 3 moving violations in the last 3 years? (Include DWI/DUI incidents within the last 5 years or 3 years in MT.)
23	. Has any driver under the age of 20 had a driving incident within the last 3 years?
24	. Has any one driver ages 20-21 or age 80 or over had more than one driving incident within the past 3 years?
(QUESTION 25Carefully read the information below and respond to question 25. Note an additional form is required in the states of FL, LA, NH, VT and WV as outlined below.
25	• Do you elect to purchase or reject Excess UM/UIM coverage? (select one) PURCHASE REJECT Residents of FL, LA, NH, VT and WV: Submission of a state mandated form supersedes any response you may make to I I
ad	XCESS UNINSURED/UNDERINSURED MOTORIST (UM/UIM) COVERAGE: Excess UM/UIM coverage is offered for an ditional premium. Required Basic UM/UIM policy limits must be equal to the liability limits for the Required Basic Automobile Liability Policy. or residents of FL, LA, NH, VT or WV you must submit the referenced state mandated form.
	L and WV: If you elect to purchase this coverage, you are required to accept this coverage in writing and pay the additional premium. If you cept Excess UM/UIM coverage you must complete and return form PUP257B in FL or forms PUP547A and PUP547B in WV.

VT: Matching limits of Excess UM/UIM are available for an additional premium. If you elect to reduce the Excess UM/UIM limits to the statutory minimum of \$100,000, you must complete and return form PUP257D. Receipt of the applicable form by the company will result in a reduction in the premium.

LA and NH: If you elect to reject Excess UM/UIM coverage you must complete and return form PUP257A in NH and PUP517 in LA. Receipt of the applicable form by the company will result in a reduction in the premium.

All Other States: Excess UM/UIM coverage is offered at a limit of \$1 million and an additional premium must be paid. No other form is required.

Please fully complete and print the Applicat ***This Application of	ion, obtain the insured's signa can only be used for submissi			or for processing.		
QUESTIONS 26-27 Carefully read questions 26-27 and respond by checking one response in the box provided. If any response is left unanswered, the risk is not eligible. If you are unsure what underlying coverage limits you are carrying, or are required to carry, we suggest contacting your local brokering agent.						
26. Do you and ALL members of your household a outlined below as a condition of coverage? This even if not applicable today, you will acquire the	question must be answered eve	en if it does not apply to	day. Your answer confirms	that, YES NO		
FARMOWNERS OR FARM COMPREHENSIV (Required only if you or any member of your which is not covered by your homeow	household own a farm	(Including boa	WATERCRAFT ats, personal watercraft, jet	skis and canoes)		
\$300,000 per occurrence	2	watercraft during the p	a or a member of your hou policy period that is not cove ility policy for the following	red by your homeowners		
UNLICENSED RECREATIONAL (Including snowmobiles, ATVs, gol		\$1	300,000 Combined Single Li	mits		
(Required only if you or a member of your ho		φ.	- OR -	lints		
an unlicensed recreational vehicle during the policy			\$250,000/\$500,000/\$100,00	00		
your homeowners or personal liability policy for the	following limits of liability.)		- OR - \$300,000/\$300,000/\$100,00	00		
\$100,000 Combined Single Limit pe	er occurrence		\$500,000,\$500,000,\$100,00			
(\$325,000 in Texas)			RLI Personal Umbrella de			
- OR - \$100,000/\$300,000/\$25,00	00		watercraft exceeding 45 ft on does not apply to person			
If you are unsure what underlying coverage li						
27. Which of the following MINIMUM REQUIRED agree to maintain as a condition of coverage dur			of your household	\$100,000 s \$100,000 or higher		
PRIMARY RESIDENCE – R						
SEASONAL, SECONDARY OR RENTAL PRO						
\$100,000 per occurrence (the choice of \$10	- OR -	and is only available for in	isured's with a primary resider	ice în Floridă.)		
	\$300,000 per oc	currence				
NOTE: If any property identified in ques						
NOTE: Residential properties that are cove	ered under a commercial or other	non-personal premises l	ability policy are excluded	from coverage.		
QUESTION 28Carefully read question 28 and res to maintain one of the three limits operate a vehicle. If left unanswer	outlined in question 28, regard			Option A, B, or C Selected Below		
28. Which of the following MINIMUM REQUIRE household agree to maintain as a condition of c acquired during the policy period? If you elect	coverage for all licensed vehicl	es, that are owned, leas	ed, rented, operated or	A B C		
Required Basic UM/UIM Policy Limits must be You agree that this condition applies equally to	e equal to the liability limits for	or the Required Basic A	utomobile Liability Policy			
<u>Limit A</u>	Limit	<u>B</u>	Lim	<u>it C</u>		
\$500,000 Bodily Injury per person/	\$250,000 Bodily Inju	ry per person/	\$100,000 Bodily I	njury per person/		
				njury per occurrence/		
\$50,000 Property Damage per occurrence	\$50,000 Property Damag	ge per occurrence	\$50,000 Property Dat	mage per occurrence		
- OR -	- OR -					
\$500,000 Combined Single Limit per occurrence	\$300,000 Bodily Inju					
Limit A is ALWAYS REQUIRED if there are	\$300,000 Bodily Injury		The choice of L			
drivers under the age of 22 in the household	\$50,000 Property Damag	ge per occurrence	in a higher	premium.		
- OR -	- OR - \$300,000 Combined Single	Limit per occurrence	Excess UM/UIM	is not available		
If the answer to question 15 is >0 - OR -	(\$325,000 in 7	-	if you mainta	ain Limit C.		
In KS and MA, if there are drivers with six years or less driving experience	Limits B and C are available	e options ONLY if all d	rivers in the household ar	e age 22 and over.		
in the household.	Limit C is NOT available if t response makes the risk Star					
	• · · · · ·	.,	· •	-		

Please be sure to sign application on page 4.

Please fully complete and print the Application, obtain the insured's signature and forward it to your Program Administrator for processing.

QUESTION 29Complete the following for all members of your household age 14 and older. Also include on this list any other person who operates a vehicle owned, leased, rented or regularly operated by you or a member of your household at least 50% or more of that vehicle's use.							who re of	
Full Name (First, MI, Last)	Date of Birth	Licensed or Permit? Y/N	Drivers License or Permit Number	State	Relationship to Applicant	Number Violations 3 yrs (Incl. DWI/DUI 5 yrs/3 yrs MT)	At-Fault	DWI/DUI Y/N

IMPORTANT NOTICE REGARDING THE FAIR CREDIT REPORTING ACT: I understand that as a part of the underwriting procedure, a consumer report may be obtained or an investigative consumer report may be prepared. Such reports may include information regarding my driving record, credit history, general reputation, personal characteristics and mode of living. I hereby consent to the preparation of such reports and the disclosure of such reports to RLI Insurance Company and the producer of record. I understand that these reports will be handled in the strictest confidence, and that information as to the nature and the scope of these reports will be provided to me upon request.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false, incomplete, or misleading information, or conceals information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime punishable by incarceration, and shall also be subject to civil penalties.

APPLICANT STATEMENT: The information given on this application is true and complete to the best of my knowledge. I understand that any omission or misstatement of fact in the information given voids the policy. I agree that I will acquire and maintain Minimum Required Limits of Liability for all additional exposures (drivers, houses, vehicles, watercraft, etc.) if they become applicable during the policy period. The insured's Brokering Agent shall not have the right to make, alter, modify, or discharge any contract or policy issued on the basis of this Application. I understand that the application and prepayment of premium must be accepted by RLI Insurance Company.

I UNDERSTAND THIS APPLICATION IS SUBJECT TO UNDERWRITING REVIEW, IS NOT A BINDER and NO INSURANCE WILL BE IN EFFECT UNTIL RLI INSURANCE COMPANY ISSUES A POLICY. THE APPLICATION WILL NOT BE ACCEPTED WITHOUT APPLICANT'S ORIGINAL SIGNATURE. A Power of Attorney letter must accompany the application, where applicable.

DATE ______ APPLICANT'S ORIGINAL SIGNATURE:_____

(FL Requirement: This application is in compliance with Section 626.752, Florida Statutes. A copy has been furnished to the applicant and coverage is Not Bound.)

APPLICANT'S BROKERING AGENT'S SIGNATURE:

APPLICANT'S BROKERING AGENCY'S NAME: _____

APPLICANT'S BROKERING AGENCY'S ADDRESS: _____

APPLICANT'S BROKERING AGENT'S LICENSE ID #:

ANY CHANGES MADE TO AN ANSWER ON THIS APPLICATION MUST BE INITIALED BY THE APPLICANT. THE SAME VERSION DATE MUST APPEAR ON ALL 4 PAGES OF THE APPLICATION.

A PREMIUM CHECK MUST ACCOMPANY THE APPLICATION TO COMPLETE PROCESSING.

Definitions and Question Details

Defintions:

"You", "Your" and "I" means the applicant.

"**Member of your household**" means your spouse by marriage or civil union; any person related to you by blood or adoption, who resides with you, even if temporarily away at school; and anyone else who resides with you while in your or a relative's care or custody.

"Driver" means you and members of your household who operate motor vehicles licensed for road use, plus any other person who operates a vehicle owned, leased, rented, or regularly operated by you or a member of your household at least 50% or more of that vehicle's use.

"Incident(s)" includes any moving violation, at-fault accident and/or traffic arrest, citation or conviction.

"At-Fault Accident" includes any single or multi-car accident chargeable under a primary auto policy, any accident resulting in any payment for bodily injury or property damage, any single car accident resulting in payment to an insured (unless caused by an animal), and/or any accident resulting in a citation to **you** or a **member of your household** with or without a conviction or final adjudication.

"Antique, classic or collector vehicles" includes private passenger vehicles more than 20 years old, licensed for road use, driven less than 2,500 miles annually, owned for limited pleasure use, car shows and club events and insured under a Collectors Automobile Policy.

Question Details:

All Questions: You and all members of your household should be considered when answering any question on this application.

Question 1: Include company vehicles provided for **your** use, or for use by a **member of your household**. All vehicles licensed for road use need to be counted regardless of individual insurance. Full Timers should count their RV as a vehicle and not a residence.

Question 2 & 21: Primary residences must have liability coverage under a policy containing Comprehensive Personal Liability (including Homeowners and Farmowners). Seasonal, secondary or rental properties may have liability coverage under a Comprehensive Personal Liability or Premises Liability Policy. Do not include residential properties that are covered under a Commercial General Liability Policy or other non-personal Premises Liability Policy as they are excluded from coverage.

Question 6: In KS and MA, count only those drivers with six years or less driving experience. Driving with a permit is not considered driving experience and should not be included with the six years as driving experience.

Question 8: In FL, count only moving violations with one or more points assessed to the driver's license.

Question 11: RLI provides worldwide coverage, provided suit on the merits is brought in the U.S. (including its territories and possessions), Puerto Rico or Canada.

PUP Helpful Hints:

- PUP Special exposure charges are added to either the Preferred, Standard or Standard II premium. For further explanation, refer to your state rate sheet.
- **Drivers** under the age of 20 may not have any **incidents**.
- Drivers age 20 to 21 or age 80 or over may not have any alcohol related incidents. These drivers may have only one incident.
- The total number of properties allowed is 10. The maximum acceptable number of residential properties rented to others that are <u>not</u> occupied in whole or in part at any time by you or any member of your household is 5. The maximum number of residential properties owned or rented by **you** or any **member of your household** located outside the U.S. (including its territories and possessions), Puerto Rico and Canada is 5.
- The exposure charge for 641 to 1280 acres is a flat charge. It is not a per acre charge.
- Required underlying liability limits for Automobile, Uninsured/Underinsured Motorist (UM/UIM), Property, and Watercraft are listed on the application. Carefully review these limits and make certain that **you** and all **members of your household** are carrying the proper underlying amount of coverage.
- For residents of California: If you cancel the policy prior to the end of the policy period, the return premium may be calculated on a basis that is other than a pro rata basis. The premium returned may be reduced by up to 10% of the pro rata return premium and will be calculated at the time of cancellation.



ACCEPTANCE OF UNINSURED MOTORISTS/UNDERINSURED MOTORISTS (UM/UIM) COVERAGE

This form must be returned with your completed application only if you wish to purchase UM/UIM Coverage.

An additional premium must be paid for this coverage.

The laws of your state require that we offer a \$1 Million UM/UIM Coverage limit on your Personal Umbrella Liability Policy. If you, the named insured, choose to accept the UM/UIM Coverage, you must do so in writing. If you accept this coverage, there will be an additional premium charged for your Personal Umbrella Liability Policy in accordance with our rates and rules on file in your state. Please indicate below if you accept this coverage. This policy will **not** include UM/UIM Coverage unless you return this completed form and pay the additional premium.

I ACCEPT THIS COVERAGE AND AGREE THAT UNINSURED MOTORISTS/ UNDERINSURED MOTORISTS COVERAGE WILL BE INCLUDED IN MY POLICY. I agree to pay the additional premium for this coverage.

I understand and agree that the limits of liability chosen for my Personal Umbrella Liability Policy will not be affected by my acceptance or rejection of UM/UIM Coverage. I may change my decision with respect to this coverage at any time by notifying RLI Insurance Company in writing and my premium will be adjusted accordingly.

I understand that if I accept this coverage, the Required Basic UM/UIM policy limits must be equal to the liability limits for the Required Basic Automobile Liability Policy(ies).

SIGNATURE OF NAMED INSURED/APPLICANT

DATE

NAMED INSURED/APPLICANT (please print your name clearly)

IMPORTANT!

In order for RLI to successfully process your application, this notice must be completed as follows:

- 1. Indicate above if you wish to accept the UM/UIM Coverage limit.
- 2. If you choose to accept, sign and date this form. Also print your name.
- 3. Return this form with your completed application.
- 4. This policy will **not** include UM/UIM Coverage if you fail to remit this form and pay the additional premium.

Thank You.